

KANSAS CITY MISSOURI POLICE DEPARTMENT
PRIVATE OFFICERS LICENSING UNIT
635 WOODLAND, SUITE 2104
KANSAS CITY, MISSOURI 64106

AFFIDAVIT FOR LOST LICENSE CARD

DATE _____

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

AGENCY NAME _____

AGENCY ADDRESS _____

CITY

STATE

I certify the license card issued to me was accidentally:

Destroyed

Lost

Stolen CRN: _____

Please explain where, when, and circumstances _____

Licensee Signature

Director of Security Signature

Print Name

Print Name